

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 597194

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 14 | | 2 | | | | |
| 15 | | 2 | | | | |
| 16 | | 1 | 1 | | | |
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| 18 | | 1 | | | | |
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| 36 | | 2 | | | | |
| 37 | 1 | | 1 | | | |
| 38 | | 1 | | | | |
| 39 | | 2 | | | | |
| 40 | 1 | | 1 | | | |
| 41 | 1 | | 1 | | | |
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| TOTAL IND. | | ↓ | 6 | ↓ | | ↓ |
| TOTAL DEP. | | ← | 33 | ← | | ← |
| TOTAL CLAIMS | | | 41 | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | |